

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Ohana	CHAPTER 100.1
Address: 1346 Akamai Street, Kailua, Hawaii 96734	Inspection Date: July 10, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

22 JUL 22 11:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Household member - Tuberculin skin tests placed on 3/7/19 and 3/24/19; however, no documentation of the date the skin tests were read.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Situation: My new household member was admitted to the hospital about four months ago. Two steps Tuberculin skin test was done there for him to get transferred to Rehab. After Rehab, he came to live with me. When his condition got better, he was accepted to Senior Day Care with the same document.</p> <p>Correction: To correct this, I went back to the hospital to get the corrected document, but they have the same incomplete document. I informed them to add a space as a reminder to put the date on the skin test when it was read.</p> <p>I decided my household member to go for another 2 steps Tuberculin skin test. Clinic recommended to come this Friday 7-19 and back for reading on Monday 7-22.</p>	<p style="text-align: right;">7/17/19</p> <p style="text-align: right;">19 JUL 22 PM 19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Household member - Tuberculin (TB) skin tests placed on 3/7/19 and 3/24/19; however, no documentation of the date the skin tests were read.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <div style="border: 1px solid black; padding: 10px;"> <p>To prevent this from happening:</p> <p>Next time, before discharging my household member from the hospital to Rehab or any facilities that required TB clearance, I will ask the primary nurse/staff to show me the documents the day before for me to inspect to make sure they are properly completed.</p> </div>	<p align="right">7/17/19</p> <div style="position: absolute; right: 0; bottom: 0; transform: rotate(90deg); font-size: small;"> STATE MICHIGAN JUL 22 PM 3:19 JUL 18 AM 11:14 </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Levothyroxine 125 mcg 1 tab po every night at bedtime" ordered 5/15/19. The label noted:</p> <ul style="list-style-type: none"> • Take on an empty stomach. • Do not take antacids or products containing calcium or iron within 4 hours of taking this medication. <p>The medication record noted the levothyroxine is taken at 8 p.m. and "Calcium 500 mg chewable" is taken at 6 p.m.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Situation: Resident #1 is on Calcium 3x/day. Scheduled time: 7am, 11am, and 6pm. I discussed to her Dr. about the situation between the Calcium and the Levothyroxin.</p> <p>Correction: The Dr. decided to give the Calcium pm dose at 4 pm and keep the Levothyroxine at 8pm.</p>	<p>7/17/19</p> <p>19 JUL 22 PM 19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a two-step or positive TB skin test at the time of admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Situation: Resident #1 was transferred from another care home. One week before admission date, I gave the checklist that required for me to admit this Resident. I tried for them to give me the proper documentation many times.</p> <p>Correction: Today, I decided to call her Dr.'s office and I mentioned about the deficiency. The staff will be working on this. They will call me back, if they can find those missing documents. If not, I have to take her to see her Dr. to get another skin test and also chest x-ray as soon as possible.</p>	<p style="text-align: center;">7/17/19</p>

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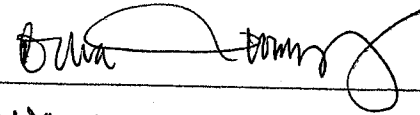
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 - No documentation of colostomy care training.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correction: I gave the training how to do the colostomy care to my Substitute caregiver #1. Then, I documented the training was completed.</p>	<p align="center">7/17/19</p> <p align="right">19 JUL 22 PM 2:20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #2 - There was documentation of five (5) hours of continuing education.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correction: I instructed her to continue to complete her 12 CEU this month. If she decided to work next year, she has to start working on her 12 CEU before July (next inspection).</p>	<p>2/17/19</p> <p>19 JUL 22 PM 3:20</p>

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Licensee's/Administrator's Signature: _____



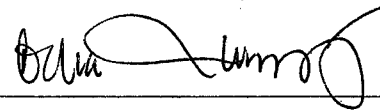
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7/17/19

Licensee's/Administrator's Signature: _____



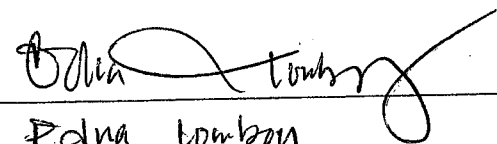
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